

TESTIMONY TO THE CONNECTICUT GENERAL ASSEMBLY
HUMAN SERVICES COMMITTEE

Public Hearing Date: March 9, 2010

Senator Doyle, Representative Walker, members of the Human Services Sub-Committee, thank you for the opportunity to provide testimony. My Name is Paul M. Rosin and I am the Executive Director of Community Residences Inc. a not-for-profit multi-service provider of day, residential, and family support to children and adults with special needs. I am also a member of the Public Policy Council of the Connecticut Association of Nonprofits (CT Nonprofits.)

I am here today to testify regarding:

S. B. No. 219: AN ACT CONCERNING STATE CONTRACT REDUCTIONS

S. B. No. 316: AN ACT ESTABLISHING A COMMISSION ON NONPROFIT HEALTH AND HUMAN SERVICES.

H. B. No. 5356: AN ACT CONCERNING PURCHASE OF SERVICE CONTRACTS.

H.B. 5430: AN ACT CONCERNING THE TRANSFER OF CHILDREN AND YOUTH FROM OUT OF STATE RESIDENTIAL FACILITIES TO THERAPEUTIC GROUP HOMES IN THE STATE

In its efforts to provide high quality human services to citizens of our State in an efficient and cost effective manner, the Connecticut Legislature since the 1980s has made a conscious decision to partner with not-for-profit human services agencies to be their provider of choice. This has led to a triple win situation:

- Adults and children with needs for housing, rehabilitation, job training, family preservation, out of home care, literacy, and hundreds of other basic human needs receive the supports they require in every town and city in Connecticut.
- Not-for-Profit Agencies have the opportunity and all or a portion of the funding necessary to provide the services to their constituents and operationalize their mission.
- The State and its tax payers are ensured that the highest quality human services are being provided in the most cost efficient manner.

The four bills that I am here today to testify on have a common purpose which is to ensure that not-for-profit agencies from an administrative and fiscal perspective are provided with adequate resources, maximum consistency between contracting State Agencies, and flexibility during these times of budget freezes and rescissions.

- S.B. No 219 will allow private service providers to adjust their budget expenditures without approval when a state agency reduces the providers funding. The purpose of this proposed bill is to prevent a State Agency from decreasing the funding side of a contract while demanding the same level of services. The triple win that was mentioned above has worked due to the fact that the State and the not-for-profit agencies have entered into a partnership. This partnership needs to survive in both the good times and the bad. The budget deficits cannot and should not be balanced on the back of not-for-profit agencies.
- S. B. No. 316 establishes a commission that will examine the adequacy of funding provided to not-for-profit providers of health and human services under purchase of service agreements. I have no doubt that every Committee member is cognizant of the financial challenges that the not-for-profit agencies face: average 1% COLA over past 20 years, no COLA since July 2007, annual double digit increases in health benefits, etc. The intent of this Bill, that was passed by the legislature in 2008 and then vetoed by the Governor, is to make a commitment to the not-for-profit agencies that actions will be taken to ensure their long term financial stability.
- H.B. No. 5356 will require OPM to standardize purchase of services contracts policies and procedures. Many not-for-profit agencies contract with multiple State Agencies. This Bill requires the State to both develop policies and procedures for purchase of services contracts and a time line for implementation. This standardization will make the purchase of human services more efficient and cost effective and needs to be passed for implementation on July 1, 2010.
- H.B. No. 5430: According to the December 2009 *Juan F. v. Rell* Exit Plan Quarterly Report: As of November 2009, there were 498 children placed in residential facilities, 266 were residing in out-of-state residential facilities. This is 266 to many children to be placed out of State due to the fact that Connecticut has not developed the services to meet their needs. Connecticut has the expertise and the wherewithal to resolve this issue. Passing this Bill will cause DCF to work with the provider community and other stake holders to develop a plan and timeline that will enable these children to return home to Connecticut and eliminate the need for future generations to leave the State to receive appropriate services.

Thank you for the opportunity to present this testimony. I would be happy to answer any questions that you might have.

Paul M. Rosin
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